

Case Number:	CM15-0084294		
Date Assigned:	05/06/2015	Date of Injury:	06/22/2014
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male, who sustained an industrial injury on 06/22/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, cervical radiculopathy, cervical disc protrusion, lumbar disc protrusion, depression, right knee meniscus tear, and right sacroiliac joint sprain. Treatment to date has included Functional Capacity Evaluation, laboratory studies, and magnetic resonance imaging of the cervical spine on 12/06/2014. Magnetic resonance imaging of the cervical spine performed on 12/06/2014 was revealing for bilateral neural foraminal narrowing and canal stenosis secondary to disc protrusions at cervical four to five, cervical five to six, and cervical six to seven, along with disc protrusion at cervical seven to thoracic one. In a Functional Capacity Evaluation performed on 12/19/2014 the treating physician reports complaints of lower back pain, neck pain, and right knee pain. The injured worker 's current pain level was measured an 8 out of 10 on a visual analog scale of zero to ten with zero indicating no pain and a ten indicating the worse pain. The injured worker's worse functional pain is measured a 10 out of 10 and the least functional pain level is measured an 8 out of 10. The pain is described as continuous and severe. The final outcome of this evaluation noted that the injured worker demonstrated the ability to function at light physical level. The treating physician requested the medication Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm (DOS: 2/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.